

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*
1	/						51	/
2							52	/
3							53	
4							54	
5							55	/
6							56	/
7							57	/
8							58	
9	/						59	
10							60	
11							61	
12							62	/
13							63	/
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36	/						86	
37							87	
38	/						88	
39	/						89	
40							90	
41							91	
42	/						92	
43	/						93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50	/						100	
TOTAL IND.							TOTAL IND.	15
TOTAL DEP.							TOTAL DEP.	48
TOTAL CLAIMS							TOTAL CLAIMS	63